

APPLICATION
For Medical Marijuana Treatment Facility Advisory Committee Recommendation
For Letter of Municipal Support or Non-Opposition



CITY OF SOMERVILLE
JOSEPH A. CURTATONE, Mayor
City Hall . 93 Highland Avenue . Somerville, MA 02143
617.625.6600 ext. 2500

City Clerk Stamp

Complete applications must be submitted to the City Clerk's Office. Applications will be accepted on a rolling basis, starting May 20th, 2016. Failure to submit all required information is grounds for denial of the request. If this form does not provide adequate space for your response, please attach additional sheets of paper. The Medical Marijuana Treatment Facility Advisory Committee, reserves the right to interview applicants prior to providing a recommendation to the Mayor.

1. Property Information				
Street Address		Zoning District	Overlay District & sub-district	Ward
Assessor's:				
Map	Block			
Please indicate the name of the individual, individuals, corporation or trust that owns the property:				
Property Owner's Name		Complete Mailing Address	Phone Number(s)	Email
Please indicate the name of the individual, individuals, corporation or trust that is applying, (please note that the applicant should be the intended user or developer):				
Applicant's Name		Complete Mailing Address	Phone Number(s)	Email
Please indicate the contact information for any agent that will represent this application who may represent the owner and/or applicant in this application review process:				
Agent's Name (if applicable) Attorney or Other Agent		Complete Mailing Address	Phone Number(s)	Email



2. Required Signatures

NOTE: NO APPLICATION SHALL BE ACCEPTED AS COMPLETE WITHOUT THE REQUIRED SIGNATURES

Owner Signature (if the project site has more than one owner, please supply additional copies of this page if necessary):

As Owner, I make the following representations:

- 1) I hereby certify that I am the owner of the property at _____
- 2) I hereby certify that the applicant named on this application form has been authorized by me to apply to develop and/or use the property listed above for the purposes indicated in this application
- 3) I hereby certify that the agent listed on this application form has been authorized to represent this application before the Medical Marijuana Treatment Facility Advisory Committee.
- 4) I will permit the Medical Marijuana Treatment Facility Advisory Committee and their designees to conduct site visits on my property.
- 5) Should the ownership of this parcel change before the board(s) have acted on this application, I will provide updated information and new copies of this signature page.

(Sign Here)

This property is owned by (check one):

<input type="checkbox"/>	An Individual	<ul style="list-style-type: none">• Attach deed• Application to be signed by owner
<input type="checkbox"/>	More than one individual, or a partnership	<ul style="list-style-type: none">• Attach deed• Application to be signed by all owners
<input type="checkbox"/>	A corporation of LLC	<ul style="list-style-type: none">• Attach deed and corporate articles of organization• Application to be signed by an officer authorized to do so by the corporation
<input type="checkbox"/>	A trust	<ul style="list-style-type: none">• Attach deed and certificate of trust• Application to be signed by authorized trustee

Applicant Signature (if the applicant is the owner, the owner should also sign below):

As Applicant, I make the following representations:

- 1) The information supplied on and with this application form is accurate to the best of my knowledge.
- 2) I will make no changes to the approved project plans without the prior approval of review committee.
- 3) I hereby certify that the agent listed on this application form has been authorized by me to represent me before the Review Committee as it relates to the development and/or use of this property.

(Sign Here)

Indicate applicant's relationship to owner:

This applicant is (check one):

<input type="checkbox"/>	An Individual	<ul style="list-style-type: none">• Application to be signed by applicant
<input type="checkbox"/>	More than one individual, or a partnership	<ul style="list-style-type: none">• Application to be signed by all applicants
<input type="checkbox"/>	A corporation of LLC	<ul style="list-style-type: none">• Application to be signed by an officer authorized to do so by the corporation• Attach corporate articles of organization
<input type="checkbox"/>	A trust	<ul style="list-style-type: none">• Application to be signed by authorized trustee• Attach certificate of trust•



3. Checklist of Required Information

This checklist will help you determine what you need to submit with this application form. The rows contain the number of copies of each item that you must submit and “Y” indicates include one copy. **Please submit plans and other documentation electronically on a CD, flash drive or via email in addition to hard copies noted below.**

Checklist key: # = # of hard copies Y = include 1 hard copy D = only submit digital copy	Marijuana Treatment Facility	Included
Application Form & Supplemental Questions	3	<input type="checkbox"/>
Recorded Deed(s) to all properties involved in project	Y	<input type="checkbox"/>
Fees for filing (\$1,400.00)	Y	<input type="checkbox"/>
Site Plans (aerial image, plot plan, and conceptual floor plan)	D	<input type="checkbox"/>
Elevations (photograph of existing elevations, graphic simulation of proposed elevations)	D	<input type="checkbox"/>
Neighborhood Context Map showing the neighborhood in which the tract lies and any impacts upon the area (scale no less than 1”=100’)	D	<input type="checkbox"/>
Accessibility Narrative describing the major accessibility requirements, if any, for the proposed project under federal or state law(s), as well as the applicant’s strategies for meeting those requirements. Please consult the Americans with Disabilities Act (ADA), the regulations of the Massachusetts Architectural Access Board (MAAB), and other accessibility standards as necessary. This narrative may take the form of a brief memo, prepared by a licensed architect or code consultant. Furthermore, describe the accessibility of the proposed RMD site to public transportation, and any actions the Applicant will take to enhance this accessibility for patients.	D	<input type="checkbox"/>
Application of Intent as submitted to the State of Massachusetts	D	<input type="checkbox"/>
Character and Competency Form as submitted to the State of Massachusetts	D	<input type="checkbox"/>
Management and Operations Profile as submitted to the State of Massachusetts	D	<input type="checkbox"/>
Employment and Education Form as submitted to the State of Massachusetts	D	<input type="checkbox"/>
Siting Profile as required by the State of Massachusetts	D	<input type="checkbox"/>
All Background Check & CORI Forms as required by the State of Massachusetts & the City of Somerville	D	<input type="checkbox"/>

4. Supplemental Questions

Please describe why the City of Somerville should consider supporting your organization, as compared to the other organizations that are also interested in providing their services to the City.

Please expand on question number 24 of the State’s Management and Operations Profile, and address how the proposed hours of operation and patient access to the facility will be managed to ensure security, and how the operation proposes to coordinate with local law enforcement.

